			DTO(CD(422, (40,00)
PTO/SB/122 (10-00) Please type a plus sign (+) inside this box ———————————————————————————————————			
Under the Paperwork Reduction Act of 1995, no persons are required to re			e: U.S. DEPARTMENT OF COMMERCE s it displays a valid OMB control number.
CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Assistant Commissioner for Paters Washington, D.C. 20231		Application Number	09/729,255
		Filing Date	12/04/2000
		First Named Inventor	SHAKEEL MUSTAFA
		Group Art Unit	2152
		Examiner Name	
		Attorney Docket Number	
MAUE			
Please change the Correspondence Address for the above-identified application to: Customer Number Type Customer Number here Place Customer Number Bar Code Label here			
OR .			
Firm <i>or</i> Individual Name	SHAKEEL MUSTAFA		
Address	24831 HENDON ST.		
Address			
City	LAGUNA HI	LLS State CA	ZIP 92653
Country	USA		
Telephone	949-457-1243 Fax 949-457-1243		
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).			
I am the :			
Applicant/Inventor. RECEIVED SFP 9			
Applicant/Inventor. Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or Agent of record.			
Attorney or Agent of record.			
Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number			
Typed or Printed Name SHAKEEL MUSTAFA			
Signature States			

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

Date

*Total of

forms if more than one signature is required, see below*.

forms are submitted.